

*Official*Atty Docket N . 021720-000910US  
*#3*

PTO FAX NO.: (703) 746-7240

ATTENTION: Office of Initial Patent Examination

*#3*  
Group Art Unit 2123

TELEPHONE NO.: 703-306-5631

**OFFICIAL COMMUNICATION****CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following document(s) in re Application of MICHAEL ROBERT DUNLAVEY, Application No. 09/823,213, filed March 30, 2001 for SYSTEM AND METHOD FOR SIMULATING CLINICAL TRIAL PROTOCOLS WITH CIMPILED STATE MACHINES are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. SB/21 Transmittal (1 page)
2. Revocation of Power of Attorney (1 page)
3. Power of Attorney (1 page)
4. Statement Under 3.73(b) with attached assignment (4 pages)

Number of pages being transmitted, including this page: 8  
*CRF*

Dated: June 26, 2003

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Christopher R. Fitting**PLEASE CONFIRM RECEIPT OF THIS PAPER BY RETURN FACSIMILE AT (650) 326-2422**

TOWNSEND and TOWNSEND and CREW LLP

Two Embarcadero Center, 8th Floor

San Francisco, CA 94111-3834

Telephone: 650-326-2400 / Fax: 650-326-2422

PA 3314517 v1

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

RPTO/SB/47 (08-00)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

|  |                     |
|--|---------------------|
| Application Number                       | 09/823,213          |
| Filing Date                              | March 30, 2001      |
| First Named Inventor                     | Michael R. Dunlavey |
| Group Art Unit                           | 2123                |
| Examiner Name                            | Unassigned          |
| Total Number of Pages In This Submission | 7                   |
| Attorney Docket Number                   | 021720-000910US     |

## ENCLOSURES (check all that apply)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Assignment Papers<br>(for an Application)                                 | <input type="checkbox"/> After Allowance Communication to Group   |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences   |
| <input type="checkbox"/> Amendment / Response                                | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application                          | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s)<br>(please identify below):  |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer   | 1) Power of Attorney  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund  | 2) Revocation of Power of Attorney  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s)   | 3) 3.73 certificate with assignment   |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |  | 4) Certificate of Facsimile Transmittal   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |  |   |
|  | Remarks  | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.<br>Total number of pages <u>does not</u> include cited references. |

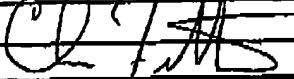
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                          |   |  |
|--------------------------|---|--|
| Firm and Individual name | Townsend and Townsend and Crew LLP<br>Kent J. Tobin                                 |  |
| Signature                |  |  |
| Date                     | June 26, 2003   |  |

## CERTIFICATE OF MAILING

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June 26, 2003

|                       |               |   |
|-----------------------|---------------|---|
| Typed or printed name | Chris Fitting |  |
| Signature             |               | Date  |

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PTO/SB/82 (10-00)

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**REVOCATION OF POWER OF  
ATTORNEY OR  
AUTHORIZATION OF AGENT**

|                        |                     |
|------------------------|---------------------|
| Application Number     | 09/823,213          |
| Filing Date            | March 30, 2001      |
| First Named Inventor   | Michael R. Dunlavey |
| Group Art Unit         | 2123                |
| Examiner Name          | Unassigned          |
| Attorney Docket Number | 021720-000910US     |

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

A Power of Attorney or Authorization of Agent is submitted herewith.

**OR**

Please change the correspondence address for the above-identified application to:

Customer Number



**OR**

Firm or Individual Name

Address

Address

City

Country

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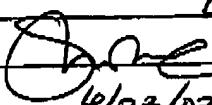
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name Shawn M. O'Connor, Senior Vice President and Chief Financial Officer  
*Chief Executive Officer*

Signature 

Date 6/23/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below.

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PA 3311179 v1

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01/26/03  
PTO/SB/81 (02-01)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

|  |  |                        |                                     |
|--|--|------------------------|-------------------------------------|
| <b>POWER OF ATTORNEY OR<br/>AUTHORIZATION OF AGENT</b> |  | Application Number     | 09/823,213                          |
|  |  | Filing Date            | March 30, 2001                      |
|  |  | First Named Inventor   | Michael R. Dunlavey                 |
|  |  | Title                  | System and Method for Simulating... |
|  |  | Group Art Unit         | 2123                                |
|  |  | Examiner Name          | Unassigned                          |
|  |  | Attorney Docket Number | 021720-000910US                     |

I hereby appoint:

Practitioners at Customer Number  →   
**OR**  
 Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

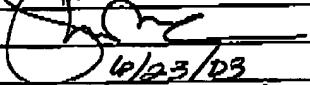
The above-mentioned Customer Number.  
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| Address  |       |     |  |
| City   | State | ZIP |  |
| Country  |       |     |  |
| Telephone  | Fax   |     |  |

I am the:

Applicant/inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

|           |   |  |  |
|-----------|---|--|--|
| Name      | Shawn M. O'Conner, Senior Vice President and Chief Financial Officer - <i>Chief Executive Officer</i> |  |  |
| Signature |                    |  |  |
| Date      | 01/23/03  |  |  |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
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\*Total of 1 forms are submitted.

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 PA 3311175 v1

PTO/SB/96 (08-00)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Attorney Docket No. 021720-000910US

Official

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Michael R. DunlavyApplication No./Patent No.: 09/823,213Filed/Issue Date: March 30, 2001Entitled: System and Method for Simulating Clinical Trial Protocols with Compiled State Machines

Pharsight Corporation

a Delaware Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

- the assignee of the entire right, title, and interest; or
- an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

In the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office for which a copy of same is attached.

OR

B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
 The document was recorded in the United States Patent and Trademark Office at  
 Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

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Additional documents in the chain of title are listed on a supplemental sheet.  
 Copies of assignments or other documents in the chain of title are attached.

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

10/23/03

Date

Shawn M. O'Connor

Typed or printed name



Signature

Senior Vice President and Chief Financial  
Officer

Title

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PA 3311178 v1

FORM PTO-1595  
1-31-92RECORDATION FORM COVER SHEET  
PATENTS ONLYU.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
124103840

Docket No. 261/048

To the Honorable Commissioner of Patents and Trademarks. Please record the attached original documents or copy thereof.

|   |  |   |
|---|--|---|
| 1. Name of conveying party(ies):<br>Michael R. Dunlavey<br>Additional name(s) of conveying party(ies) attached?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | 2. Name and address of receiving party:<br>Name: Pharsight Corporation<br>Internal Address: _____   |
| 3. Nature of conveyance:<br><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger<br><input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name<br><input type="checkbox"/> Other _____   |  | City: _____ State: _____ Zip: _____<br>Street Address: 800 W. El Camino Real, Suite 200<br>City: Mountain View State: CA Zip: 94040<br>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. Application number(s) or patent number(s):<br>If this document is being filed together with a new application, the execution date of the application is: <u>March 30, 2001</u>   |  |   |
| A. Patent Application No(s).:<br>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |   |
| 5. Name and address of party to whom correspondence concerning document should be mailed:<br>Name: <u>Patrick J. Rawlins</u><br>Internal Address: LYON & LYON LLP<br>633 West Fifth Street, Suite 4700<br>Los Angeles, CA 90071-2066  |  |   |
| 6. Total number of applications and patents involved: <u>1</u>  |  |   |
| 7. Total fee (37 CFR 3.41): <u>\$ 40.00</u><br><input type="checkbox"/> Enclosed<br><input checked="" type="checkbox"/> Charge this Deposit Account if any additional fee is required   |  |   |
| 8. Deposit Account Number: <u>12-2475</u>   |  |   |
| DO NOT USE THIS SPACE   |  |   |
| 9. Statement and signature:<br>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.<br><br>Patrick J. Rawlins, Reg No. 47,887  |  |   |
| Date: <u>March 30, 2001</u>   |  |   |
| Total number of pages including cover sheet: <u>3</u>   |  |   |
| OMB No. 0651-0011 (exp. 4/94)   |  |   |
| <p style="text-align: center;">Do not detach this portion</p> <p>Mail documents to be recorded with required cover sheet information to:<br/> <b>Director — U.S. Patent and Trademark Office</b><br/> <b>Box Assignments</b><br/> <b>Washington, D.C. 20231</b></p> <p>Public burden reporting for this sample cover sheet is estimated to average about 30 minutes per document to be recorded, including time for reviewing the document and gathering the data needed, and completing and reviewing the sample cover sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Office of Information Systems, PK2-1000C, Washington, D.C. 20231, and to the Office of Management and Budget, Paperwork Reduction Project, (0651-0011), Washington, D.C. 20503</p> |  |   |

Patent

Attorney Docket: 261/048

*Official*  
ASSIGNMENT OF PATENT APPLICATION

WHEREAS, I, MICHAEL R. DUNLAVEY, a citizen of UNITED STATES OF AMERICA, (hereinafter referred to as "ASSIGNOR"), have invented a SYSTEM AND METHOD FOR SIMULATING CLINICAL TRIAL PROTOCOLS WITH COMPILED STATE MACHINES for which application for Letters Patent of the United States of America has been executed on even date herewith; and

WHEREAS, PHARSIGHT CORPORATION, a corporation organized and existing under and by virtue of the laws of the State of California and having its principal place of business at 800 W. El Camino Real, Suite 200, Mountain View, California 94040 (hereinafter referred to as "ASSIGNEE"), is desirous of acquiring the exclusive right, title and interest in, to and under said invention and in, to and under any Patent or similar legal protection to be obtained therefor in the United States of America, its territorial possessions and in any and all countries foreign thereto.

NOW, THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, ASSIGNOR hereby sells, assigns, transfers and sets over unto the said ASSIGNEE, its successors and assigns, the full and exclusive right, title and interest to said invention and to all Letters Patent or application or similar legal protection, not only in the United States and its territorial possessions, but in all countries foreign thereto, to be obtained for said invention by said application, and to any continuation, division, renewal, substitute or reissue thereof or any legal equivalent thereof in the United States or a foreign country for the full term or terms for which the same may be granted, including all priority rights under the International Convention; and ASSIGNOR hereby authorizes and requests the Commissioner of Patents and Trademarks to issue



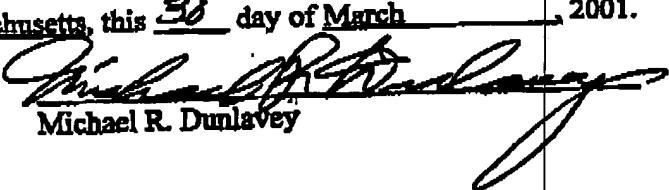
Patent  
Attorney Docket: 261/048

said Letters Patent or any legal equivalent thereof to said ASSIGNEE, its successors and assigns, in accordance with this Assignment.

ASSIGNOR hereby covenants that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this Agreement;

ASSIGNOR further covenants that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts and documents relating to said application, said invention and said Letters Patent and legal equivalents as may be known and accessible to ASSIGNOR and will testify as to the same in any interference or litigation related thereto and will promptly execute and deliver to ASSIGNEE or its legal representative any and all papers, instruments or affidavits required to apply for, obtain, maintain, issue and enforce said application, said invention and said Letters Patent and said equivalents in the United States or in any foreign country, which may be necessary or desirable to carry out the purposes thereof.

WITNESS my hand at Lexington, Massachusetts, this 30 day of March, 2001.

  
Michael R. Dunlavey

STATE OF MASSACHUSETTS )  
COUNTY OF Middlesex ) ss

On March 30, 2001 before me, Dolores Aman, personally appeared  
Michael R. Dunlavey

personally known to me - OR -  proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Dolores Aman  
Notary Public in and for said County and State